

AO 440 (Rev. 8/01) Summons in a Civil Action

## UNITED STATES DISTRICT COURT

Southern

District of

New York

KIM KAUFMAN and GLENN KAUFMAN,

Plaintiffs,

V.

### SUMMONS IN A CIVIL ACTION

UNITEDHEALTH GROUP INC.,  
UNITEDHEALTHCARE, UNITED  
HEALTHCARE INSURANCE COMPANY OF  
NEW YORK, UNITEDHEALTHCARE OF  
NEW YORK, INC., OXFORD HEALTH PLANS  
LLC and OXFORD HEALTH PLANS (NY),  
INC.,

CASE NUMBER: 08 Civ.

**08 CIV 5401**

Defendants.

TO: (Name and address of Defendant)

See Schedule A

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Max R. Shulman, Esq.  
Cravath, Swaine & Moore LLP  
Worldwide Plaza  
825 Eighth Avenue  
New York, NY 10019

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

**J. MICHAEL McMAHON**  
CLERK  
(By) *[Signature]*  
DEPUTY CLERK

DATE

**JUN 13 2008**

AO 440 (Rev. 8/01) Summons in a Civil Action

**RETURN OF SERVICE**

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE 6/16/08
NAME OF SERVER (PRINT) Keith S Kaplan	TITLE Law Clerk
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where served:  <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:  <input type="checkbox"/> Returned unexecuted:  <input checked="" type="checkbox"/> Other (specify): By leaving a copy with CT Corporation System, which accepted service as the authorized agent for process on behalf of United Healthcare of New York, Inc.	

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL \$0.00
--------	----------	--------------

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

6/15/08  
Date

Signature of Server

825 8th Avenue, New York, NY 10019  
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

**SCHEDULE A**

UNITEDHEALTH GROUP INC.  
9900 Bren Road East  
Hennepin County  
Minnetonka, MN 55343

UNITEDHEALTHCARE  
9900 Bren Road East  
Hennepin County  
Minnetonka, MN 55343

UNITED HEALTHCARE INSURANCE COMPANY OF NEW YORK  
2950 Express Drive South, Suite 240  
Suffolk County  
Islandia, NY 11749

2 Penn Plaza, 7th Floor  
New York County  
New York, NY 10121

5015 Campuswood Drive, Suite 107  
Onondaga County  
Syracuse, NY 13221

UNITEDHEALTHCARE OF NEW YORK, INC.  
2 Penn Plaza, 7th Floor  
New York County  
New York, NY 10121

5015 Campuswood Drive, Suite 107  
Onondaga County  
Syracuse, NY 13221

OXFORD HEALTH PLANS LLC  
48 Monroe Turnpike  
Fairfield County  
Trumbull, CT 06611

OXFORD HEALTH PLANS (NY), INC.  
48 Monroe Turnpike  
Fairfield County  
Trumbull, CT 06611